

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-22-03.

### I. DISPUTE

Whether there should be reimbursement for CPT codes E0781, E1399, E0114 and 64550TN.

### II. FINDINGS

The respondent denied reimbursement based upon “F – Fee Guideline MAR reduction recode and resubmit for audit. Code requires modifier RR or NU; M – No MAR, reduced to fair and reasonable; and F – Fee Guideline MAR reduction, this procedure does not appear to be within the scope of your license. Code is for physician use only.”

### III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
6-7-02	E0781	\$485.00	\$0.00	F	DOP	General Instructions GR III Durable Medical Equipment GR (VIII), (IX)	Pump for Water Circulating - Requestor submitted redacted EOBs from insurance carriers that support amount billed was fair and reasonable per Section 413.011(b); therefore, additional reimbursement of \$485.00 is recommended.
6-7-02	E1399	\$75.00	\$60.00	M	DOP		Cold Therapy Cooler Wrap - Requestor submitted redacted EOBs from insurance carriers that support amount billed was fair and reasonable per Section 413.011(b); therefore, additional reimbursement of \$15.00 is recommended.
6-7-023	E1399	\$155.00	\$113.05	M	DOP	Section 413.011(b)	Water circulating pad - Requestor submitted redacted EOBs from insurance carriers that support amount billed was fair and reasonable per Section 413.011(b); therefore, additional reimbursement of \$41.95 is recommended.

6-7-02	E0114	\$110.00	\$42.50	M	DOP		Crutches – Requestor submitted redacted EOBs from insurance carriers that support amount billed was fair and reasonable per Section 413.011(b); therefore, additional reimbursement of \$67.50 is recommended.
7-9-02	64550TN	\$125.00	\$0.00	F	\$101.00	CPT Code Descriptor Rule 133.307(g)(3)(B)	Percutaneous Implant of Bone Stimulator – A report to support procedure was performed in accordance with MFG was not submitted. No reimbursement is recommended.
TOTAL							The requestor is entitled to reimbursement of <b>\$609.45</b> .

#### IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, E0781, E1399, E0114, in the amount of **\$ 609.45**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$609.45** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 28<sup>th</sup> day of April 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division